## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10666384

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN												
TOTAL CLAIMS					(Oddini 2)		1	RATE FEE		OR 1	SMALL	FEE											
FOR			NUMBER FILED			ER EXTRA		BASIC FEE	375.00		RATE BASIC FEE	750.00											
TOTAL CHARGEABLE CLAIMS					*		i		070.00	ОН		730.00											
			(0 minus 20≈		*			X\$ 9=		OR	X\$18=												
INDEPENDENT CLAIMS				nus 3 =				X42=		OR	X84=												
<u></u>		DENT CLAIM P						+140=		OR	+280=												
* If the difference in column 1 is less than zero, ente					"0" in c	olumn 2	•	TOTAL	375	OR	TOTAL												
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL												
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		7 RATE	ADDI- TIONAL FEE											
	Total	. 10	Minus	# 2	0	= /	ľ	X\$ 9=		OR	X\$18=												
AME	Independent	* 2	Minus			= /		X42=	. /	OR	X84=	/											
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	1											
, and the second								TOTAL ADDIT. PEE		OR	TOTAL ADDIT. FEE												
(Column 1) (Column 2) (Column 3)																							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
Š	Total	*	Minus	##		=	] [	X\$ 9=		OR	X\$18=												
ME	Independent	*	Minus	***		=	] [	X42=		OR	X84=												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J																
+140=										OR	+280=												
	TOTAL OR TOTAL ADDIT. FEE																						
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST																							
AMENDMENT C		REMAINING AFTER AMENDMENT	: ·	PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=												
	Independent	*	Minus	***		=	]	X42=			X84=												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										1	+280=												
***	If the "Highest Nu	mber Previously Pa	aid For IN THI	S SPACE is	s less tha	n 3 enter "3 "		DDIT. FEE	ropriate box		** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												